BEST AVAILABLE COPY

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10/512/45													
	./			<u> </u>									
CLAIMS AS FILED - PART I (Column 1) (Column:2)								SMALL EI		·OR	OTHER SMALL	_ `	
TC	TAL CLAIMS	•				· .	·	HATE	FEE]	RATE	FE	
FO	R .		NUMBER	FILED	ARTX3 R38MUN			BASIC FEE	385.00	OR	Basic Fee	95	jli
то	TAL CHARGEA	BLE CLAIMS	22° mi	nus 20=	. 2			XS 9≖		OR	X\$18=	34	, W
IND	EPENDENT CL	AIMS	H minus 3 =					X43=	·	OR	X86=	80	ga
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					-145=	•	OR	+290=	30	ک "
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	47	ĪÚ
/ CLAIMS AS AMENDED -										8	OTHER	THA	N
10	172	(Column 1)	incivo ci	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTI	Υ_
A F		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	
AMENDMENT	Total	• 22	Minus	- 2	2	• ——	ŀ	XS 9=		OR	X\$18=		
MEN	Independent	. 4	Minus	4		8		X43=		OR	X86=		
₹	FIRST PRESE	TRST PRESENTATION OF MULTIPLE DEP		PENDENT	ENDENT CLAIM			+145=		OR	+290=		Γ
-	1							TOTAL			TOTAL	1	Y
	10/20/09	>					-	NODIT. FEE		JOIN .	ADDIT. FEE		
	10 201	·	(Colur					ADDI-	1 1		ΑĐ	DI-	
17 B	,	REMAINING AFTER		PREVI	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIO	NAL
MENDMENT B	Total	AMENDMENT	Minus	PAID	ig -	-03	11	XS 9=		OR	X\$18=		
JEN	ingependent	. 4	Minus		4	-07	1	X43=		OR	X86≃	- 1	
¥	FIRST PRESE	JLTIPLE DE	TIPLE DEPENDENT CLAIM			┚╏				+290=		-	
							· [+145=		OR	101AL		7
					•	••	٠,	ODIT. FEE		OR	ADDIT. FEE		2
		(Column:1)		(Colur	ກກ <u>2)</u> ີ	(Column 3)	•	•					
AMENDMENT C	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	$\ \ $	RATE ·	ADDI- TIONAL FEE		RATE	TIO	DI- NAL
DME	Total	• AMENDMENT	Minus	**		.	11	X\$ 9=		OR	X\$18=		
KEN	Independent	•	Minus		:		1	X43=		OR	X86=		
Ā	FIRST:PRESE	NTATION OF MI	JLTIPLE DE	PENDEN	T CLAIM]		_ ·			t	-
		•	. •		*			+145=		OR	+290=		
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL ADDIT FEE		
		mber Previously Princer Previously Pai	aid Cart IN TH	HE EDACE	ie lace Mil	6 J 60161 "3"			propriate bo	•	•		
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